The Aftermath of COVID-19 in Dermatology Practice: What's next?

Authors:

Janice Natasha Ng, M.D., Kathryn Anne G. Cembrano, M.D., Rungsima Wanitphakdeedecha, and Woraphong Manuskiatti, M.D.

Departments of Dermatology, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand.

Correspondence and Reprint Requests:

Woraphong Manuskiatti, M.D. Departments of Dermatology, Faculty of Medicine Siriraj Hospital, 2 Wanglang Road, Bangkok 10700, Thailand. Telephone: 662-419-4333. Fax: 662-411-5031, E-mail address: woraphong.man@mahiadol.ac.th.

Word Count: 756

Figure Count: None

Table Count: None

Funding Sources: None

Conflict of interest disclosures: None

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the <u>Version of Record</u>. Please cite this article as <u>doi:</u> 10.1111/JOCD.13520

DR. JANICE NATASHA NG (Orcid ID: 0000-0001-9411-4698)

DR. KATHRYN ANNE GUICO CEMBRANO (Orcid ID: 0000-0002-1031-2011)

DR. RUNGSIMA - WANITPHAKDEEDECHA (Orcid ID: 0000-0002-3926-2193)

DR. WORAPHONG - MANUSKIATTI (Orcid ID: 0000-0001-8393-7963)

Article type : Editorial Echo

The Aftermath of COVID-19 in Dermatology Practice: What's next?

Keywords: COVID-19, healthcare workers, teledermatology, new normal, dermatology

Running Head: Aftermath of COVID-19 in Dermatology Practice

Abstract:

The rapidly increasing number of COVID-19 patients and evidence of human-to-human transmission even within the asymptomatic incubation period prompted the attention of the entire world. The field of dermatology and procedural dermatology is not exempt from this global issue. We cannot deny the fact that this situation will have a lasting impact on the health-seeking behaviours of our patients. It is necessary for dermatologists and dermatologic surgeons to be aware of the potential risks and precautions when re-emerging their practices after COVID-19.

On March 11, 2020, the World Health Organization (WHO) declared the coronavirus disease (COVID-19) outbreak a pandemic, with an estimated number of 118,000 positive cases in over 110 countries around the world, and a threat of further global spread. The increasing number of confirmed COVID-19 cases emphasized the importance of preventive measures among healthcare workers (HCWs). The practice of dermatology was not exempt from this global issue since most clinics rescheduled all outpatient visits except for urgent and essential cases to decrease the risk of exposure.

As the medical world tries to find promising solutions to fight COVID-19, what active role can we as dermatologists play in the battle against this pandemic? There is sufficient information on clinical practice guidelines from the WHO, Centers for Disease Control and Prevention (CDC) and medical societies that we can adapt in our own practice to enhance preventive measures. Recently, skin changes such as erythematous rash, widespread urticaria and even varicella-like vesicles were reported in COVID-19 patients.³ These findings will definitely change our differential diagnoses in patients presenting with flu-like symptoms and non-specific viral exanthems. In an effort to better understand the cutaneous involvement of COVID-19 and how it affects disease transmission, more published data from all over the world is needed.

Months or even years from now, even if the declaration of this pandemic is lifted, we cannot deny the fact that this situation will have a lasting impact on the health-seeking behaviours of our patients. Everyone would still wear masks, practice social distancing and only limit going out to do essential errands.

Teledermatology has offered us a convenient way of providing dermatological consultations while minimizing the risks of infection. Recently, there is a published guideline for adapting teledermatology into the practice during the pandemic.⁴ The challenges behind this technology include technical problems (poor internet connection) and the possibility of misdiagnosis due to incomplete history taking, poor quality photos and inability to perform the usual diagnostic procedures. In addition, security breaches in online platforms are a rising concern and some patients may not be comfortable in revealing sensitive areas of their bodies through a webcam. Patient confidentiality must be the utmost priority in teledermatology. For the time being, we can advise patients to take photos with good lighting conditions and different

angles (ideally one photo showing the lesions in relation to the whole body and another close-up view showing the morphology of the lesion) as well. Online skin care prescriptions with delivery can also be a good alternative for patients to stay on track with their treatment regimens.

There is a far greater impact to those performing aesthetic procedures since these are considered non-essential services for the time being. A lot of patients will likely come back for their maintenance treatments once the pandemic has been lifted, but we must proceed with caution and continue to practice the use of enhanced personal protective equipment in all procedures. There is a high chance of contracting or even transmitting the disease because of the close distance maintained while performing laser and dermatologic procedures or injecting toxins or fillers. The use of appropriate goggles, masks, face shields, gloves and smoke evacuators are essential in current clinical practice.⁵

This pandemic has caused the whole world to go through an economic recession. How can we get back on our feet once the situation is under control? This is really a great unforeseen business risk particularly for dermatologists in private practice. The importance of medical business education cannot be further emphasized given this situation. Almost all dermatology clinics are dealing with overhead and salary costs despite the decline in operational revenue because of the government-mandated lockdowns. It is not unusual to encounter staff lay-offs during this period, and in order to prevent this we should make a few changes in our business operations such as those mentioned above. After this pandemic, patients will likely be more cautious in consulting for aesthetic concerns, thus we can provide educational material regarding the preventive measures for disease transmission in our practice.

In summary, transitioning to this "new normal" is the best way to cope with the current situation. We may or may not need to adapt teledermatology permanently into our practice. The economic aftermath of this situation is beyond imaginable, but we must ethically balance our income generating activities while ensuring patient safety. We are facing many unknowns, but we hope to emerge as a stronger medical front alongside our colleagues from other specialties in rising above this pandemic.

References

- 1. WHO Director-General's opening remarks at the media briefing on COVID-19. 2020.
- 2. Zhang Z, Liu S, Xiang M, et al. Protecting healthcare personnel from 2019-nCoV infection risks: lessons and suggestions. Front Med 2020.
- 3. Recalcati S. Cutaneous manifestations in COVID-19: a first perspective. J Eur Acad Dermatol Venereol 2020.
- 4. Lee I, Kovarik C, Tejasvi T, Pizarro M, Lipoff JB. Telehealth: Helping Your Patients and Practice Survive and Thrive During the COVID-19 Crisis with Rapid Quality Implementation. J Am Acad Dermatol 2020.
- 5. Adhikari SP, Meng S, Wu YJ, et al. Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: a scoping review. Infect Dis Poverty 2020;9:29.